



## Institutional Membership Application Agreement\*

Please print.

4/01-V01

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:			
Full name of Institutional point of contact:			
Organization name (if applicable):			
Street address <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:		State/Province:	Postal code:
Country:	Business phone:		Home phone:
Fax:	E-mail:		

I agree to represent my institution as a Member of the GeoData Alliance, Inc., (GDA) in the following subsector (please check the one box that most closely fits your interests or affiliation):

Academic/Research	For Profit	General Interest	Government	Nonprofit
<input type="checkbox"/> Academic <input type="checkbox"/> Research	<input type="checkbox"/> Natural Resources and Environment <input type="checkbox"/> Utilities, Telecommunications, and Transportation <input type="checkbox"/> Real Estate and Financial <input type="checkbox"/> GIS Vendors, Suppliers, and Consultants <input type="checkbox"/> Manufacturing, Wholesale, and Retail <input type="checkbox"/> Social and Human Services <input type="checkbox"/> Other For Profit	<input type="checkbox"/> Library <input type="checkbox"/> Media <input type="checkbox"/> Individual <input type="checkbox"/> Citizen Group	<input type="checkbox"/> Tribe <input type="checkbox"/> Municipality <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Regional or Multijurisdictional Government <input type="checkbox"/> Quasi Governmental or Special District <input type="checkbox"/> Other Government	<input type="checkbox"/> Professional, Trade, or Labor Association <input type="checkbox"/> Advocacy <input type="checkbox"/> Community or Public Interest <input type="checkbox"/> Other Nonprofit

**Dues Schedule:** Institutional membership is for one year. Renewal is based on the anniversary date of the month joined. The GeoData Alliance is a 501(c)(3) tax-exempt organization. Dues are tax deductible.

**One-Year Membership Fee: U.S. \$500.00**

<b>Method of Payment:</b>		<b>Please include payment with application form</b>	
<input type="checkbox"/> Check made payable to GeoData Alliance (please print name of member on check)			
<input type="checkbox"/> Visa			
<input type="checkbox"/> MasterCard			
Credit card account number: (please print all digits)			Expires: (MO/YEAR)

I have received and read the Constitution of the GeoData Alliance, Inc. In the conduct of GDA activities, I agree to be bound by its provisions and by any operating procedures of the GDA as they now exist or are modified by the council or members as provided in the constitution.

Signature

Date

☐ Check here to allow you your name, address, phone number, fax number, and e-mail address to be published.

\*The GeoData Alliance will not publish, trade, or sell your name, address, phone number, fax number, or e-mail address without your permission. Payment must be made in U.S. dollars drawn on a U.S. bank or appropriate credit card. Only members who have paid membership dues in full by the record date (60 days before the annual meeting) are eligible to vote.